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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="checked" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket	6627-PA0045		
	First Named Inventor	Witztum, Joseph L.		
	COMPLETE IF KNOWN			
	Application Number	unknown		
	Filing Date	unknown		
	Group Art Unit	unknown		
	Examiner Name	unknown		

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEW IMAGING AGENTS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable.)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
				YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
60/161,493	10/26/1999	

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §385(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Patent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Registered practitioner(s) name/registration number listed below:

Name	Registration Number	Name	Registration Number
NEIL F. MARTIN	23,088		
JOHN L. HALLER	27,795		
JAMES W. MCCLAIN	24,538		

Direct all correspondence to:

Attorney Name	JAMES W. MCCLAIN				
Address	BROWN MARTIN HALLER & MCCLAIN LLP				
Address	1660 UNION STREET				
City	SAN DIEGO	State	CALIFORNIA	ZIP	92101
Country	USA	Telephone	(619) 238-0899	Fax	(619) 238-0062

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Joseph L.		Last Name	Witzum	
Inventor's Signature			Date	10/26/2000	
Residence: City	San Diego	State	CA	Country	USA
Post Office Address	6912 Ofria Ct				
Post Office Address					
City	San Diego	State	CA	Zip	92122
				Country	USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Sotiros		Last Name	Talmikos	
Inventor's Signature			Date	10/26/00	
Residence: City	San Diego	State	CA	Country	USA
Post Office Address	2802 Arnoldson Ave				
Post Office Address					
City	San Diego	State	CA	Zip	92122
				Country	USA

☒ Additional Inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

(Page 2 of 3)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Wulf		Palinski	
Inventor's Signature	<i>W. Palinski</i>		Date 10-24-00 10/26/00
Residence: City	San Diego	State CA	Country 92122
Post Office Address	4031-87 Porte Depalmes		
Post Office Address			
City	San Diego	State CA	Country 92122
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Peter X.		Shaw	
Inventor's Signature	<i>P. Shaw</i>		Date 10/26/00
Residence: City	San Diego	State CA	Country USA
Post Office Address	10860 Caminito Arcada		
Post Office Address			
City	San Diego	State CA	Country 92131
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Post Office Address			
Post Office Address			
City		State	Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/02A (11-00)

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Wulf		Palinski	
Inventor's Signature <i>Wulf Palinski</i>		Date 07-26-02	
Residence: City San Diego	State CA	Country USA	Citizenship GERMAN
Mailing Address 4031-87 Porte De Palmas			
Mailing Address			
City San Diego	State CA	ZIP 92122	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Peter X.		Shaw	
Inventor's Signature		Date 10/26/00	
Residence: City San Diego	State CA	Country USA	Citizenship
Mailing Address 10860 Camino Arcada			
Mailing Address			
City San Diego	State CA	ZIP 92131	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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U.S. Patent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Registered practitioner(s) name/registration number listed below:

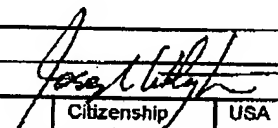
Name	Registration Number	Name	Registration Number
NEIL F. MARTIN JOHN L. HALLER JAMES W. MCCLAIN	23,088 27,795 24,536		

Direct all correspondence to:

Attorney Name	JAMES W. MCCLAIN				
Address	BROWN MARTIN HALLER & MCCLAIN LLP				
Address	1660 UNION STREET				
City	SAN DIEGO	State	CALIFORNIA	ZIP	92101
Country	USA	Telephone	(619) 238-0999	Fax	(619) 238-0082

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Joseph L.		Last Name	Wizium	
Inventor's Signature			Date	7/26/02	
Residence: City	San Diego	State	CA	Country	USA
Post Office Address	6912 Ofria Ct				
Post Office Address					
City	San Diego	State	CA	Zip	92120
				Country	USA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Sotirios		Last Name	Tsimikas	
Inventor's Signature			Date	10/26/00	
Residence: City	San Diego	State	CA	Country	USA
Post Office Address	2802 Arnoldson Ave				
Post Office Address					
City	San Diego	State	CA	Zip	92122
				Country	USA

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket	6627-PA0045
	First Named Inventor	Witzlun, Joseph L.
	COMPLETE IF KNOWN	
	Application Number	09/699,131
	Filing Date	October 28, 2000
	Group Art Unit	1641
	Examiner Name	Cook, Lisa V.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEW IMAGING AGENTS

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/28/2000 as United States Application Number or PCT International

Application Number 09/699,131 and was amended on (MM/DD/YYYY) (if applicable.)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
09/483,483	10/26/1999	

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